

Virginia's State Mental Health System: National Comparisons & Trends in State Mental Health Systems

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Presentation Outline

- NRI: Who We Are and What We Do
- Impact of Mental Illness on America
- State Mental Health Structure National Overview
 - Virginia's Mental Health System
- State Mental Health Expenditures and Financing
 - Focus on National Trends and Virginia
- State Psychiatric Hospitals in Virginia and Neighboring States

National Association of Mental Health Program Directors Research Institute (NRI)

- NRI works with State Mental Health Agencies (SMHAs) to compile and analyze information on the \$39 billion public mental health system serving 7.3 million people annually in all 50 states, the District of Columbia, and seven territories.
- NRI routinely collects information about the services provided by SMHAs, their major policy initiatives, clients served, and financing.
- NRI built and operates the Behavioral Health Performance Measurement System to assist psychiatric hospitals with Joint Commission Accreditation and CMS Certification – all accredited state psychiatric hospitals participate with NRI. **All accredited Virginia State Psychiatric Hospitals participate.**
 - Approximately 195 state psychiatric hospitals: Serve 200,000 people per year, and 40,000 people served at any point in time.

Impact of Mental Illness in America

- Approximately **one-in-five** Americans will have a mental health problem in any given year, yet **only a third will receive** mental health services.
 - 11.5 million persons (5% of adults age 18 and over) have a serious mental illness, and only 59.6% receive a mental health service.
- Over **38,000 Americans died as a result of suicide** by 2010, more than double the number who died by homicide.

Costs of Mental Illness: Over \$340 Billion per Year

- **Direct Treatment Costs:**
 - At **\$147 billion**, mental health spending accounted for 6.3% of all health spending in 2009 (SAMHSA, 2013).
- **Indirect Costs:**
 - Serious mental illnesses costs the U.S. an estimated **\$193.2 billion** in lost earnings per year*.

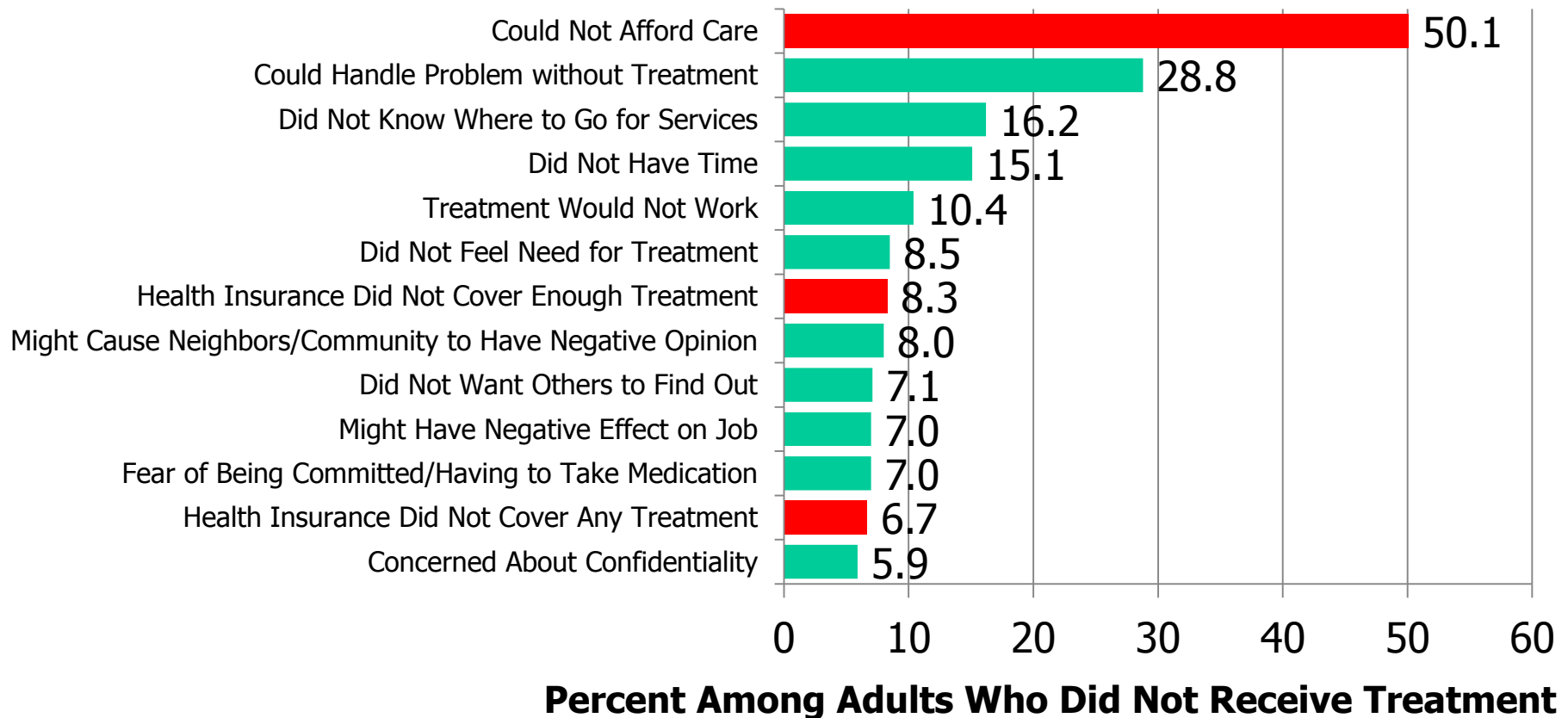
*(Source: Kessler, R., Heeringa, S., Lakoma, M., Petukhova, M., Rupp, A., Schoenbaum, M., et al. (2008). The individual-level and societal-level effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. American Journal of Psychiatry, 165(6), 703-11. doi: 10.1176/appi.ajp.2008.08010126.)

Other Costs of Mental Illness

- Suicide
- Premature Mortality
- High Medical Co-Morbidity
- Unemployment
- Homelessness and Unstable Living Arrangements
- Caregiver Burden on Families and Friends

Reasons for Not Receiving Mental Health Services in the Past Year

(Adults, Aged 18+ with an Unmet Need for Mental Health Care, 2011)*



*Source: SAMHSA. (2012). National Survey on Drug Use and Health (NSDUH).

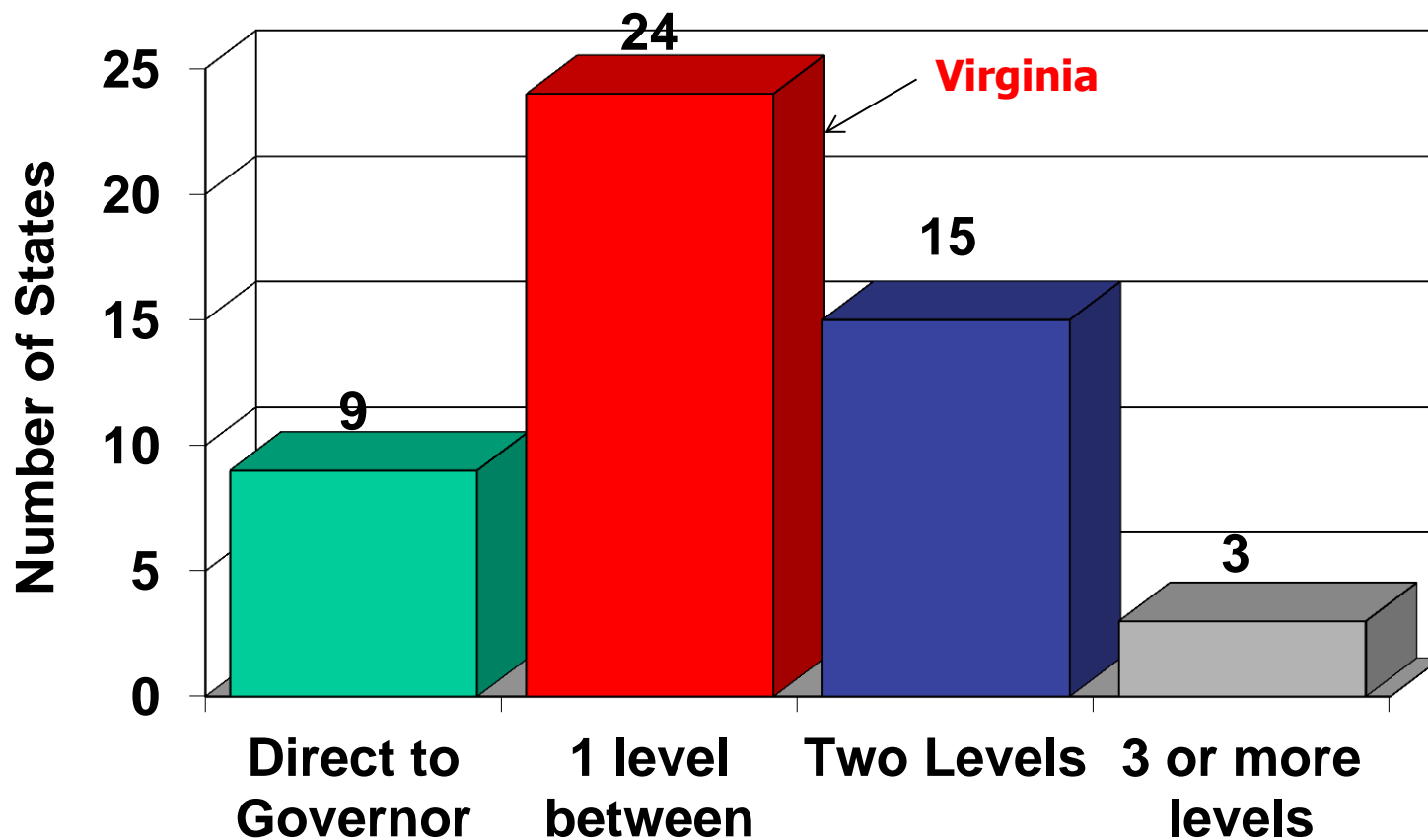
State Mental Health Authority

- The State Mental Health Authority (SMHA) is the state agency dedicated in charge of the provision of state mental health services.
- Typical responsibilities:
 - Operate psychiatric inpatient services for persons dangerous to themselves or others
 - Fund or operate a comprehensive array of community mental health services
 - Plan for mental health service development, address unmet need, set standards for services, license mental health providers, monitor quality and outcomes
- Coordinate financing and delivery of services with other state government agencies

Organization of SMHAs

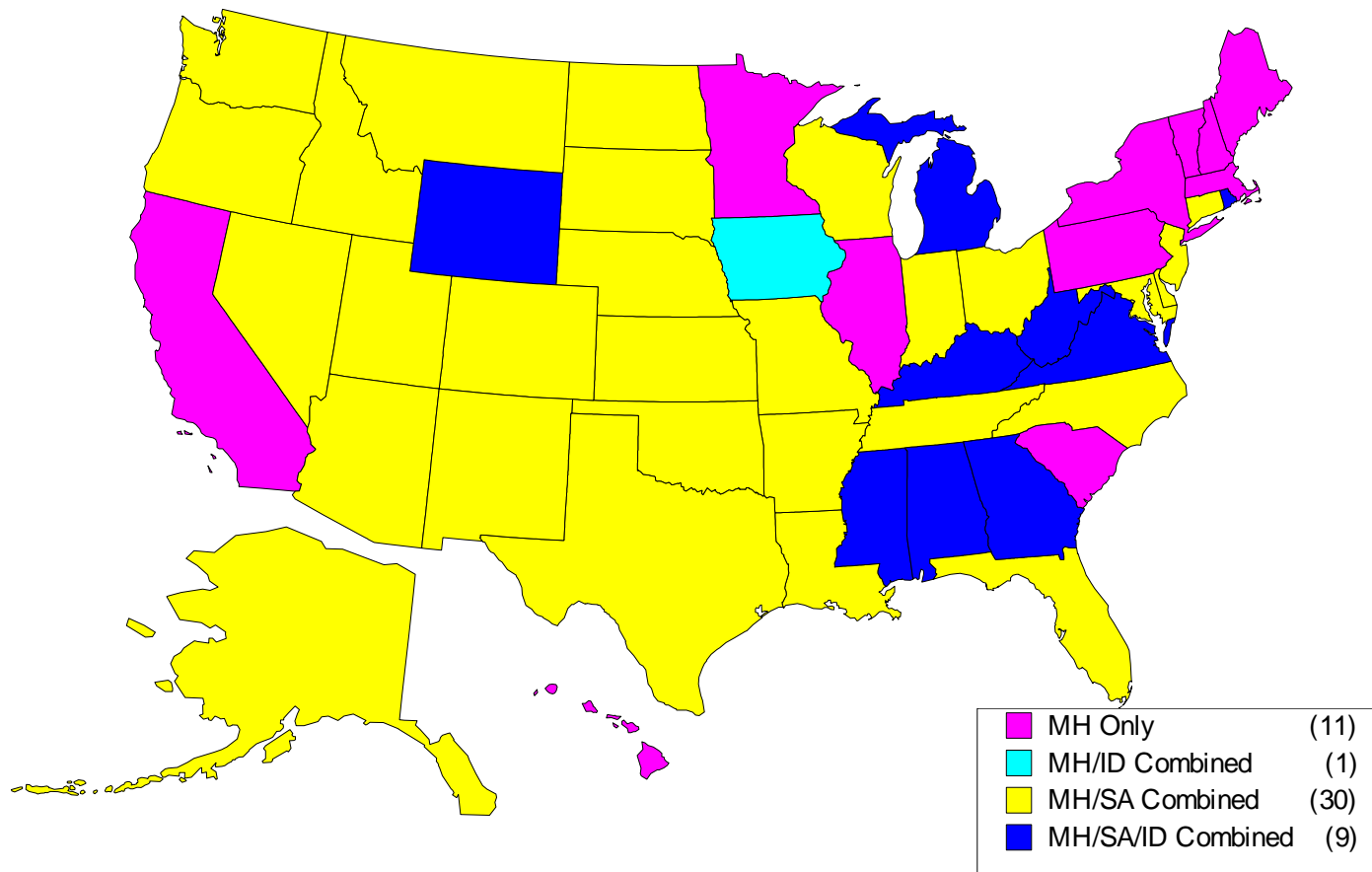
- Majority are part of a larger Department of Health or Health and Human Services
 - In 12 states, the SMHA is a separate cabinet department
- 39 states have now **combined mental health and substance abuse services**
- Most are located in the same umbrella department as the State Medicaid Agency

Number of Layers between SMHA Commissioner and State Governor: 2013



Source: NRI 2013 State Mental Health Agency Profiles

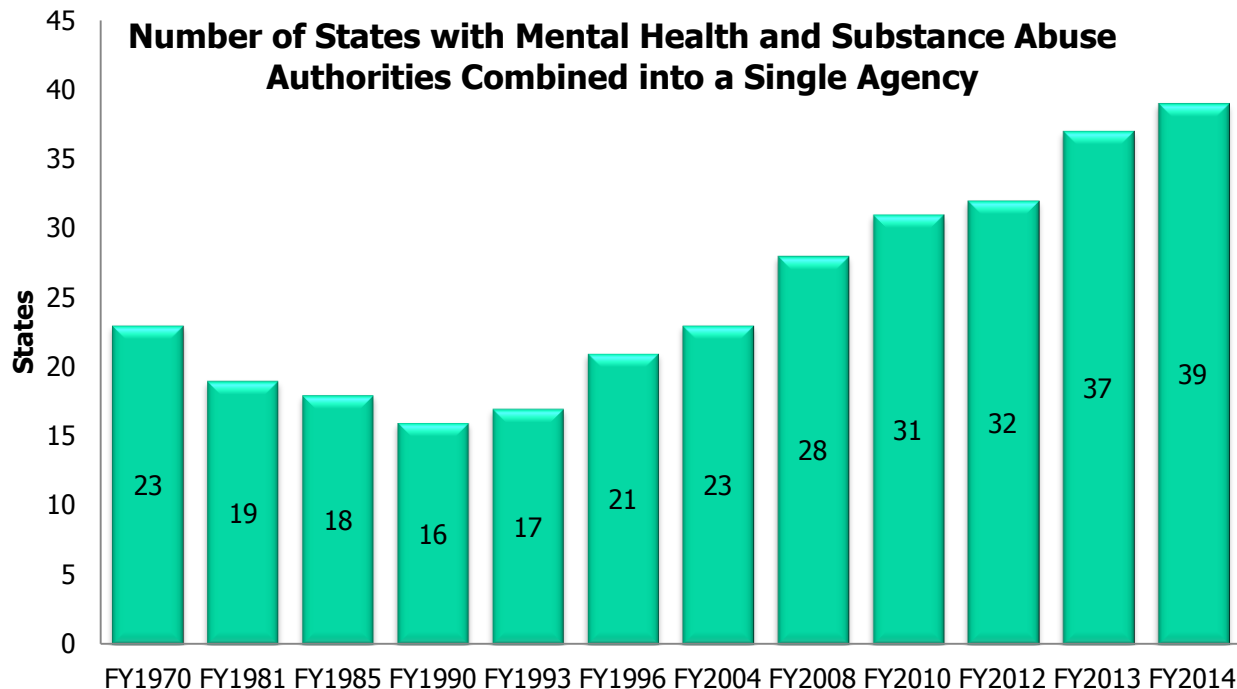
Disability Responsibility of SMHAs: 2014



Source: NRI 2013 State Mental Health Agency Profiles

Trend in Disability Responsibility of SMHAs: 1970 to 2014

A trend over the past 15 years has been to place mental health & substance abuse services together into a single state agency, referred to as “behavioral health”

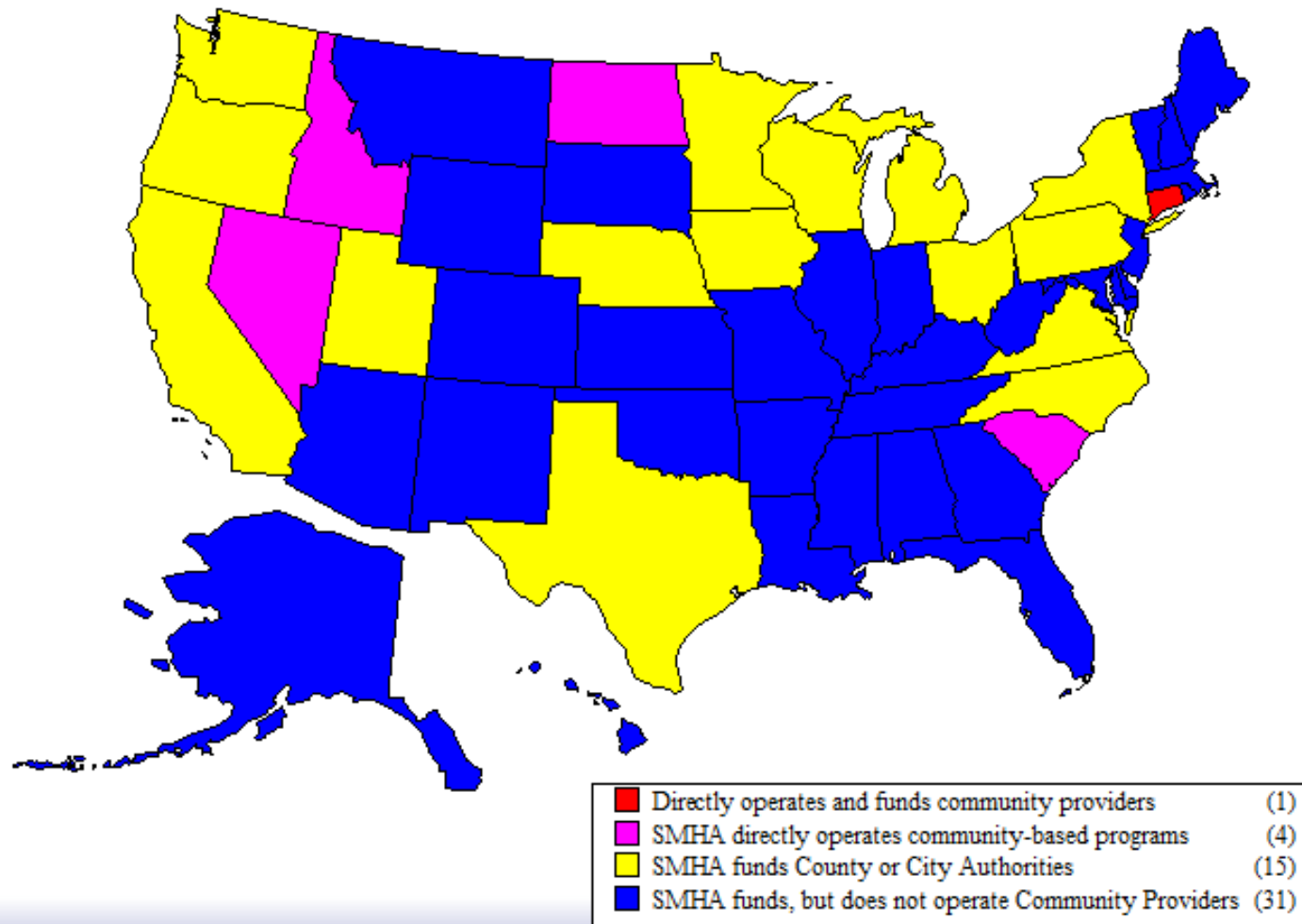


- Several states have recently merged Behavioral Health with Public Health and/or Medicaid to increase their focus on Health-Behavioral Health integration.

State Organization of Funding of Community Mental Health Services: 2014

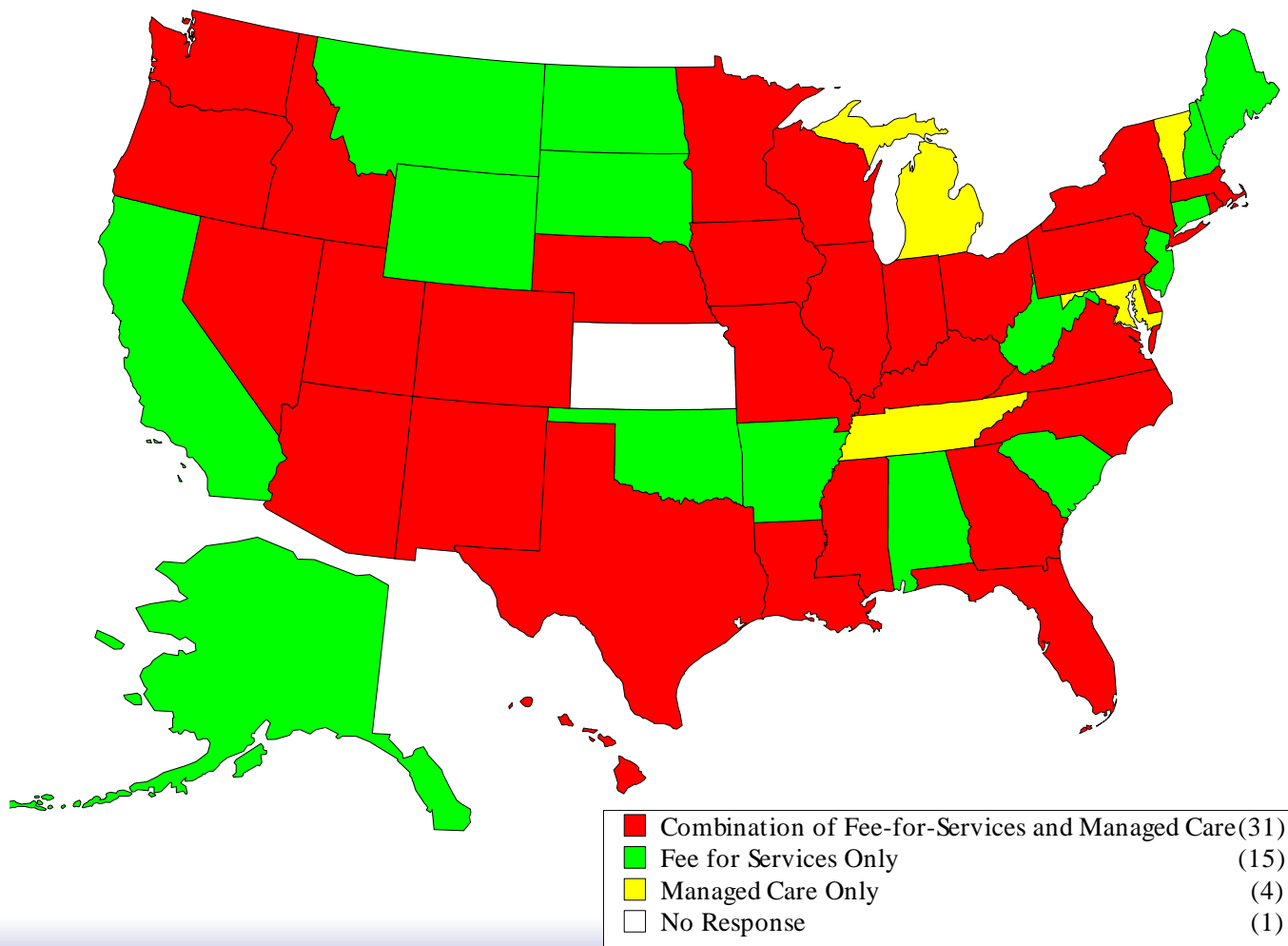
- ***County/City-based systems*** where the SMHA funds the counties and the counties then deliver or contract for services – mostly used in larger population states (*including Virginia*).
- ***State directly contracts*** with (mostly not-for-profit) community mental health providers – used by the majority of states.
- ***State operates community mental health providers*** with their own staff – used in a few small-population states (Idaho, Nevada, Hawaii, North Dakota).
- Some states use a mixture of methods (e.g., Maryland works with counties and directly contracts with providers)

Organization & Funding of Community Mental Health Services: 2014



Source: NRI 2013 State Mental Health Agency Profiles

Use of Medicaid to Pay for Behavioral Health Services: 2013



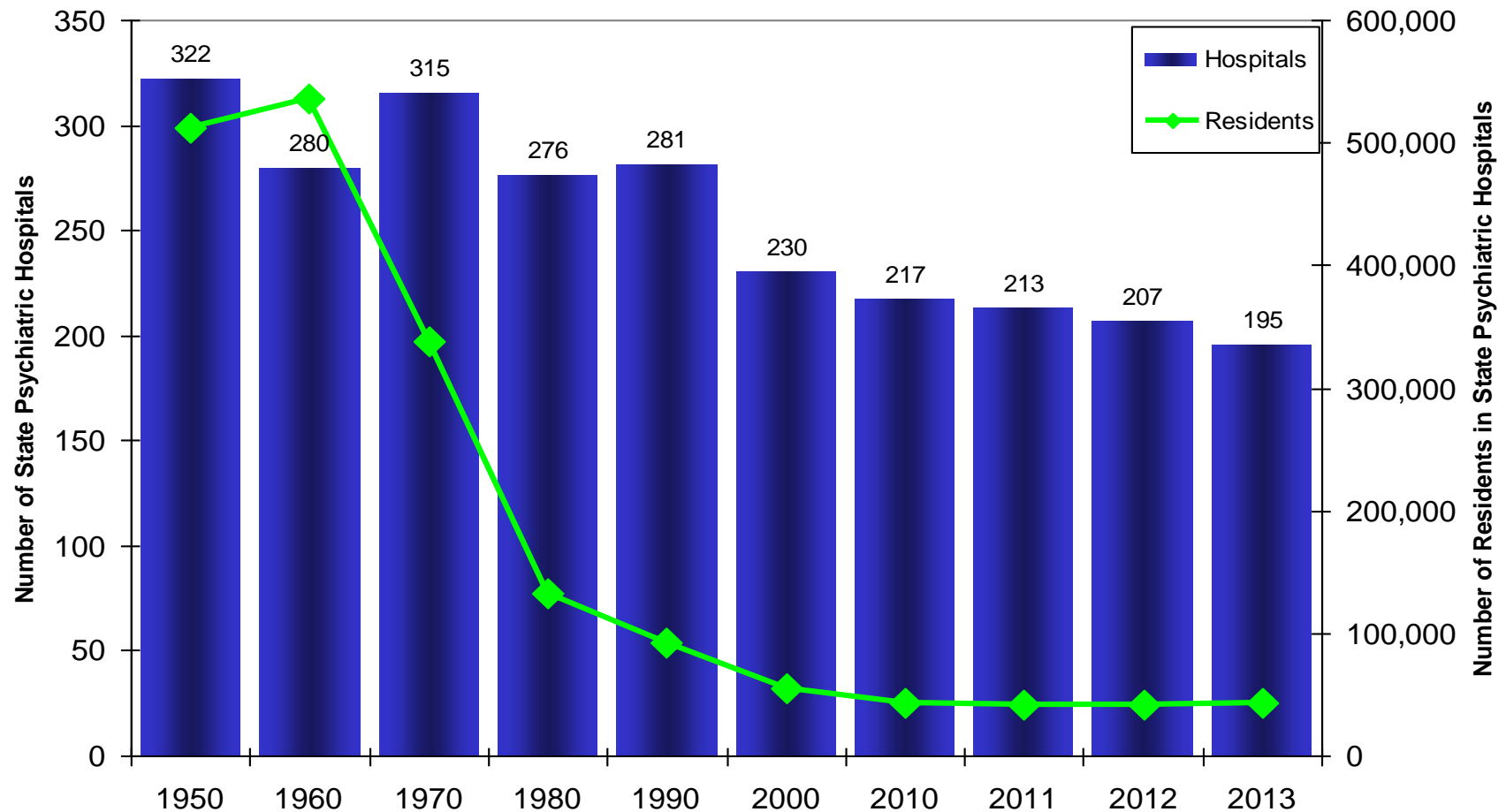
Source: NRI 2013 State Mental Health Agency Profiles

State Psychiatric Hospitals

- Every state operates state psychiatric inpatient beds for persons with severe mental illnesses who are dangerous to themselves or others.*
 - Some states limit state psychiatric hospitals to only focus on adults, while other states have state hospitals that service children/adolescents (*including Virginia*)
 - Forensic mental health inpatient services are provided by every state, and by the SMHA in almost all states (*including Virginia*)
 - Sexual offender inpatient services are provided by at least 26 SMHAs (*including Virginia*)

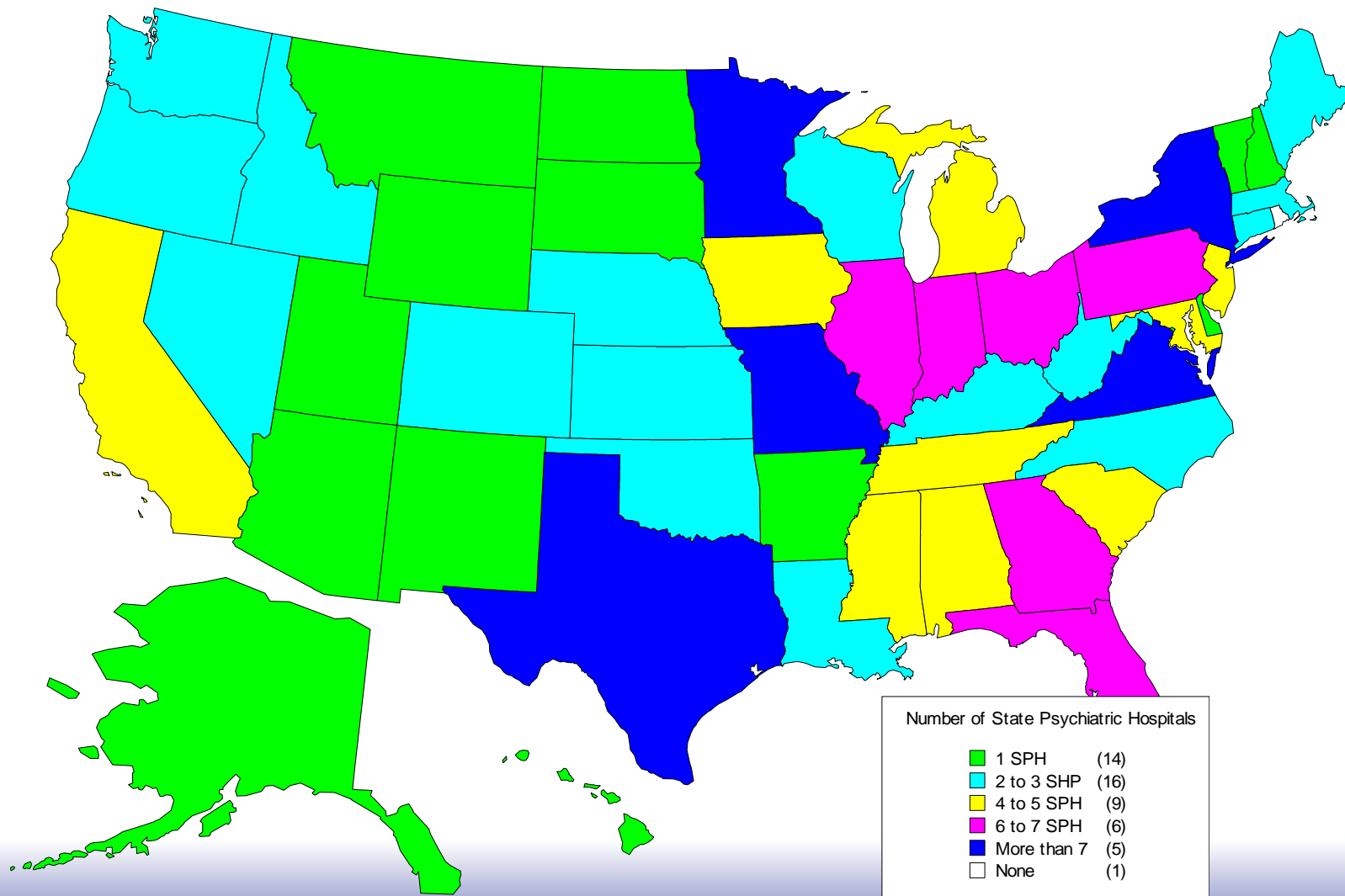
*The first state psychiatric hospital in the U.S. was what is now Eastern State Hospital, opened in Williamsburg, Virginia, and funded by the Virginia Colonial Assembly in 1773 (several Virginia signers of the Declaration of Independence were on the Board of what is now Eastern State Hospital).

Number of State Psychiatric Hospitals & Resident Patients at the End of Year: 1950 to 2013

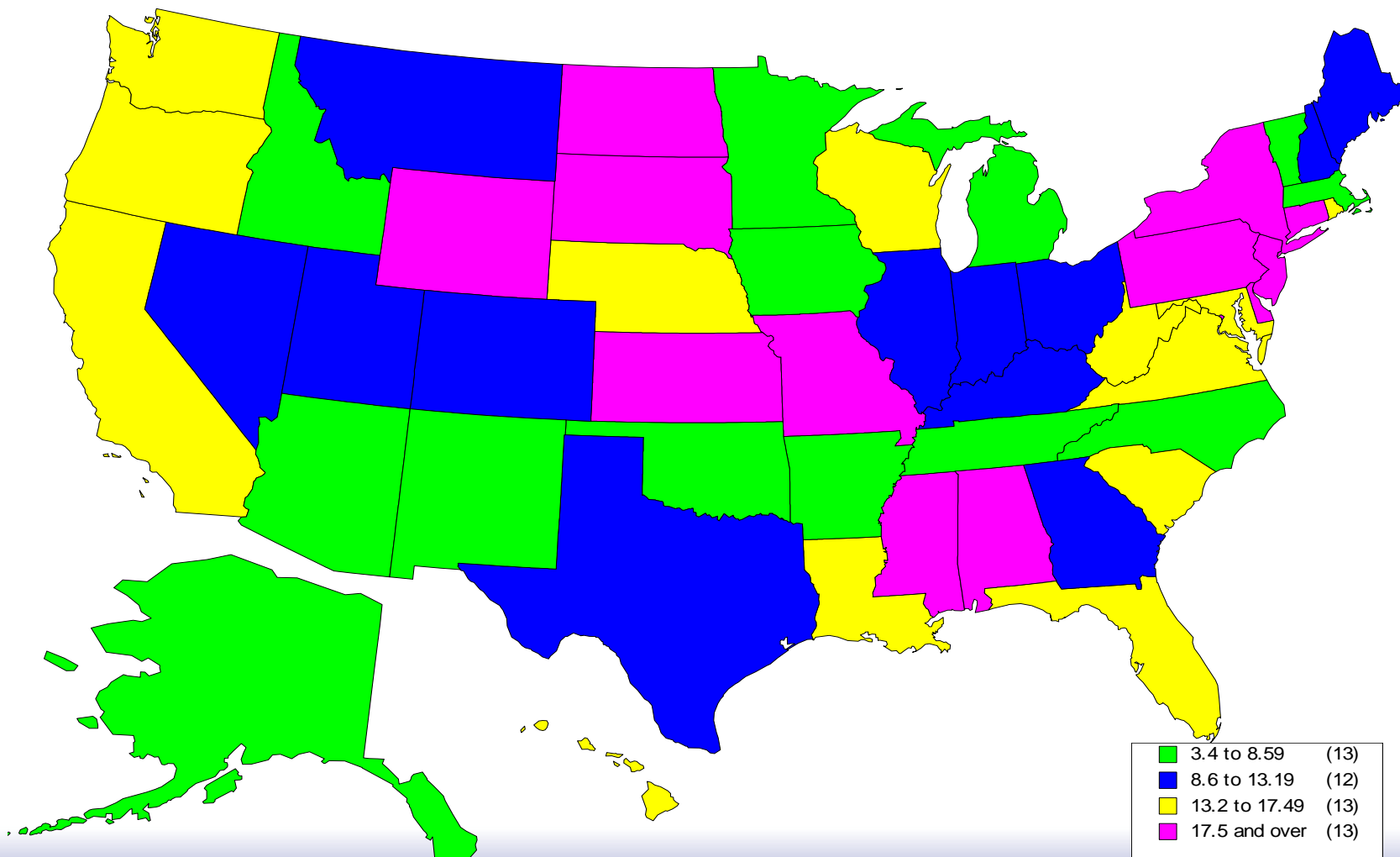


Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and NRI 2013 State MH Agency Profiles System

Number of State Psychiatric Hospitals: 2013

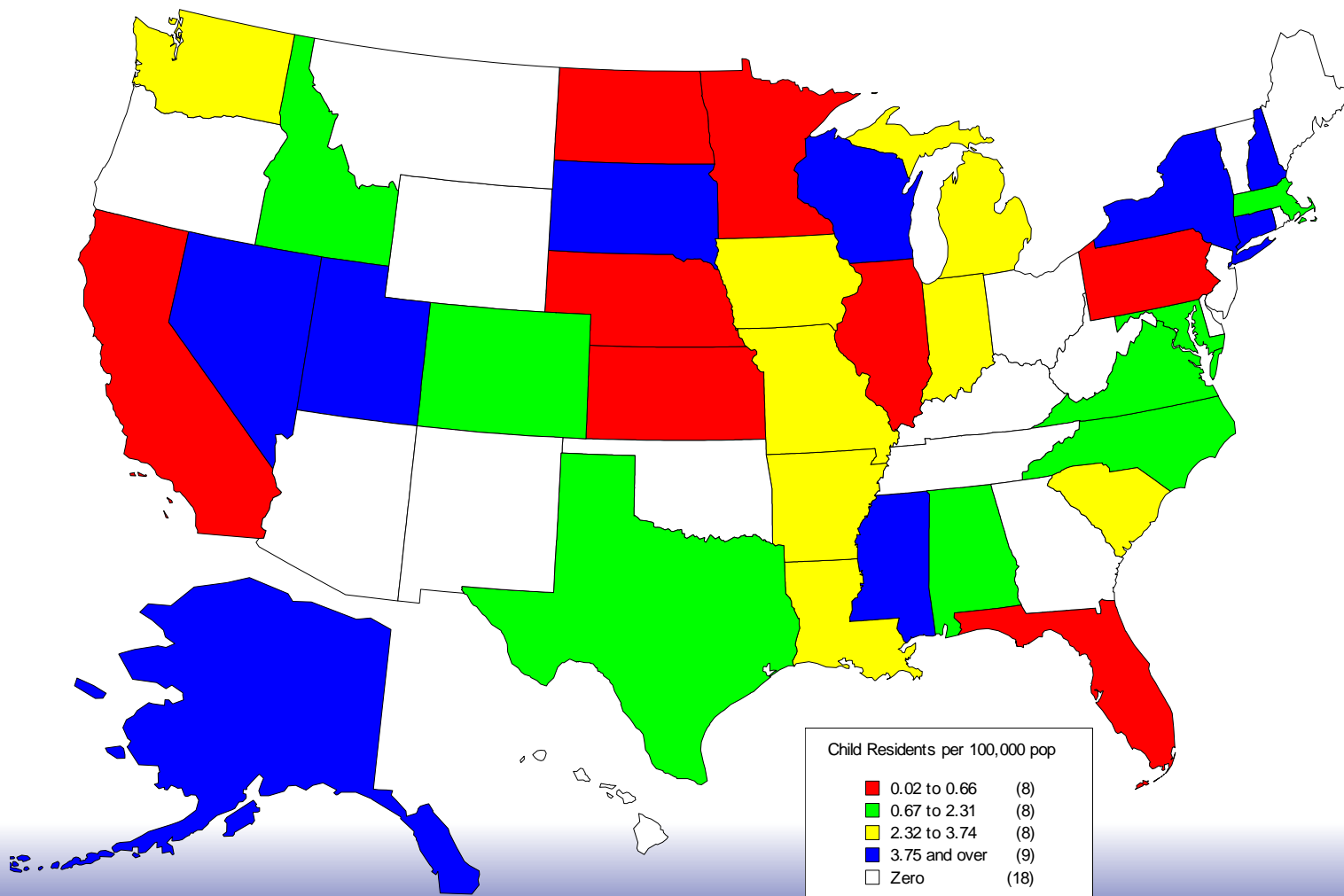


State Psychiatric Hospital Residents per 100,000 State Population: 2013



Source: SAMHSA 2013 Uniform Reporting System

Children (under 18) Residents in State Psychiatric Hospitals per 100,000 Population: 2013

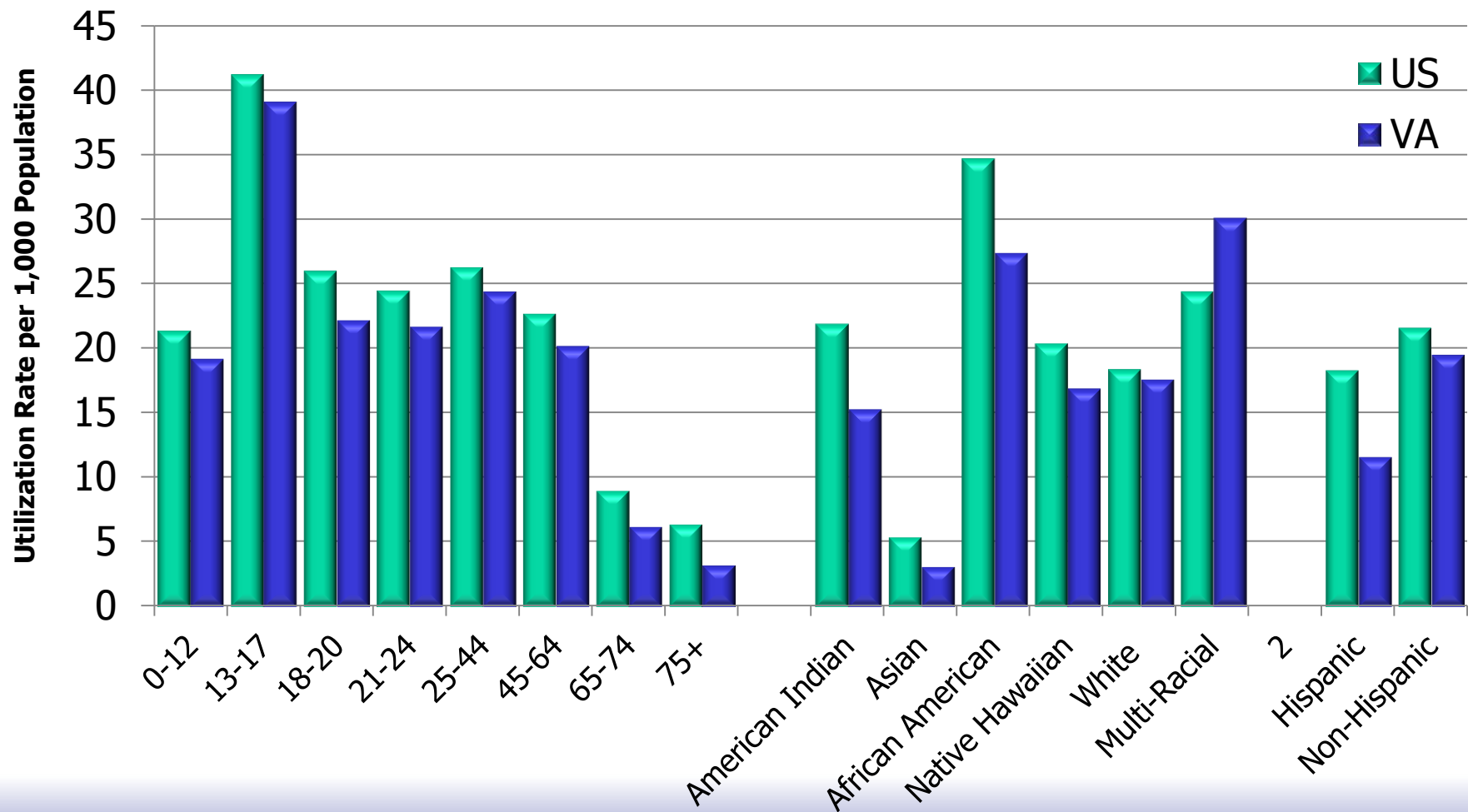


Source: SAMHSA 2013 Uniform Reporting System

Persons Served by SMHA Systems: 2012

- **7.2 million consumers** received SMHA mental health services (2.3% of U.S. population, range from 0.4% to 4.8% of state population – **1.4% of Virginia's population**).
- Served in the Community, State Hospitals and other Settings (consumers could be served in multiple settings during the year):
 - 96% were served in the community (**98.8% in Virginia**)
 - 2.1% served in state psychiatric hospitals (**4% in Virginia**)
 - 6% served in other psychiatric inpatient settings (**16.8% in Virginia**)

Characteristics of Consumers Served by SMHAs: 2012



Source: SAMHSA 2012 Uniform Reporting System

Persons Served by SMHA Systems: 2012

- Employment:
 - 18% of adults in the U.S. were competitively employed
 - 20% in Virginia
- Medicaid Coverage:
 - Nationally, 63% had some Medicaid coverage for their mental health services, and 37% had no Medicaid coverage
 - 55% had some Medicaid coverage, and 45% had no Medicaid coverage in Virginia
- Homeless/Living in Shelters:
 - 3.1% were homeless/living in shelters in the U.S.
 - In Virginia, 3.2% were homeless/living in shelters

Involuntary Commitments

Many more consumers are seen by mental health systems for involuntary holds than go through the formal involuntary commitment process, but most states do not have information about involuntary holds reported to the SMHA unless they are for care at a state psychiatric hospital or state-funded psychiatric inpatient setting (based on 48 SMHAs reporting in 2013):

Legal Status	State Psychiatric Hospitals	State Funded Psychiatric Inpatient	Other Psychiatric Beds
Involuntary Holds	30 States (63%)	17 States (35%)	8 States (17%)
Involuntary Civil Commitments (excluding Sex Offenders)	43 States (90%)	23 States (48%)	10 States (21%)
Involuntary Criminally Committed (Forensic)	44 States (92%)	17 States (35%)	6 States (13%)
Sex Offenders (note, not all states have sex offender commitment laws)	23 States (48%)	10 States (21%)	2 States (4%)
Other	15 States (31%)	5 States (10%)	3 States (6%)

Involuntary Holds

- Every state has involuntary commitment laws that permit short term “holds” for evaluation prior to a full commitment hearing, but there is substantial variation in the details of these laws:
 - States vary regarding how long an individual can be held for observation or emergency evaluation under a “hold” or “detention” prior to requiring a formal court hearing:
 - 23 states allow holds up to 72 hours
 - 8 states allow holds of up to 24 hours
 - 21 states have holds of other durations, varying from 96 hours to 15 days*

**Virginia holds for adults are for up to 48 hours, unless it ends on a weekend or holiday, then it is “the next business day”. Holds may be up to 96 hours for juveniles.*

Involuntary Holds

- Most involuntary holds were not at state psychiatric hospitals but were at general hospital psychiatric beds or private psychiatric hospitals.
- 2012 Data*:
 - 69,483 holds in other psychiatric settings (86% of holds)
 - 10,198 holds at state psychiatric hospitals (14% of holds)
- Virginia 2012 Data:
 - 18,149 holds in other psychiatric settings (93.5% of holds)
 - 1,270 holds at state psychiatric hospitals (6.5% of holds)

**(based on 10 states able to report data for holds in both state psychiatric hospitals and other psychiatric holds)*

Outpatient Civil Commitment: 2013

- Forty states, *including Virginia*, have a mental health code allowing the use of outpatient civil commitment.
 - Virginia is one of 13 states where the SMHA is responsible for maintaining a database/information about consumers under an Outpatient Commitment Status.
 - In 14 states, these lists are maintained by local providers/counties, or by others (court systems).
 - In many states, both inpatient and outpatient commitments are made by local courts and there is no statewide system for the courts to report all involuntary commitments to the SMHA.

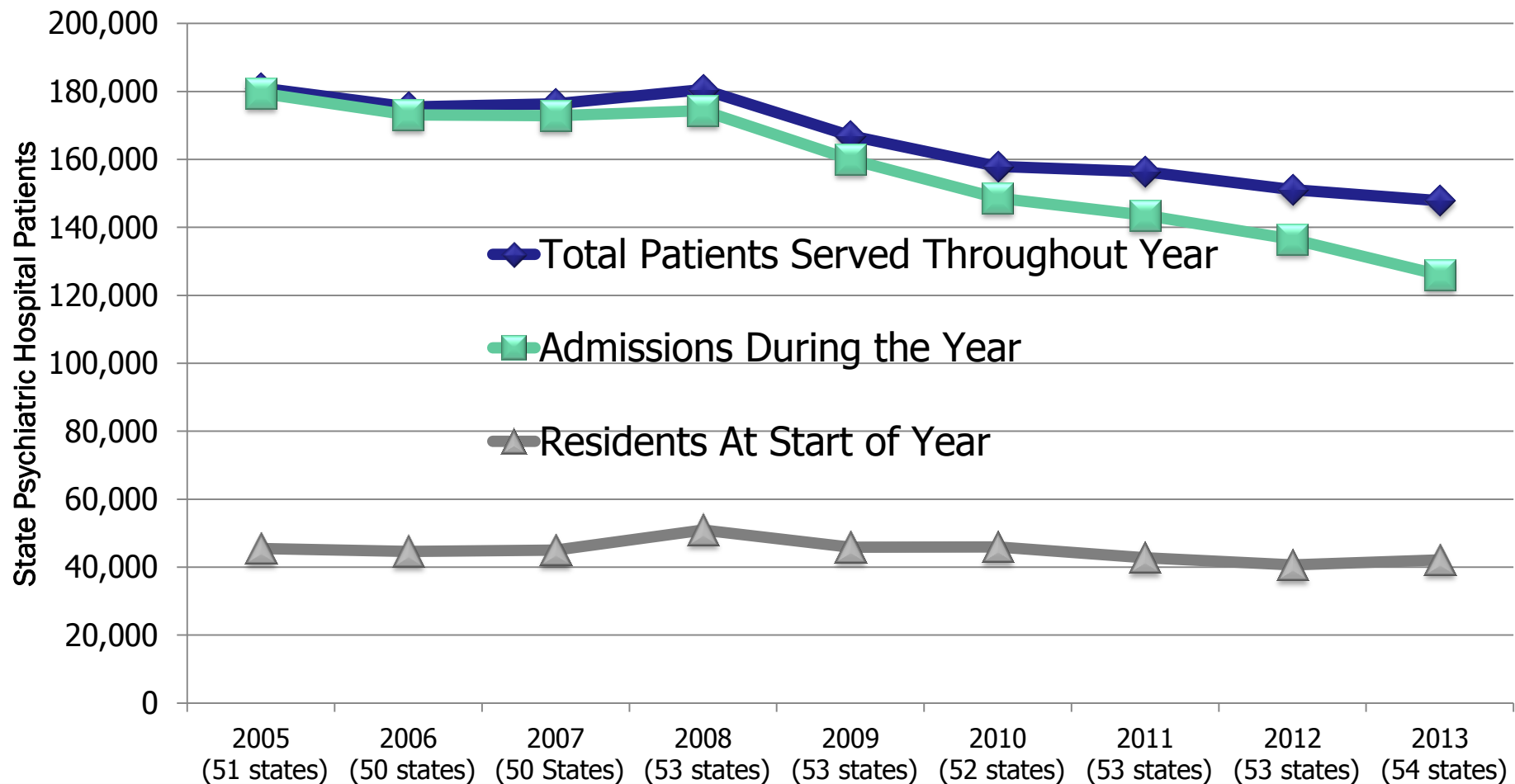
Outpatient Civil Commitment: 2013

- *Virginia*, New Jersey, Ohio and Tennessee are the only states where the SMHA receives extra dedicated funding to support services to individuals under outpatient commitment.
 - Additional states, such as New York, report that while they do not budget funds separately for services provided to individuals in Assisted Outpatient Treatment (AOT), these individuals get priority access to community-based mental health services.

Number of Persons Under Outpatient Civil Commitment

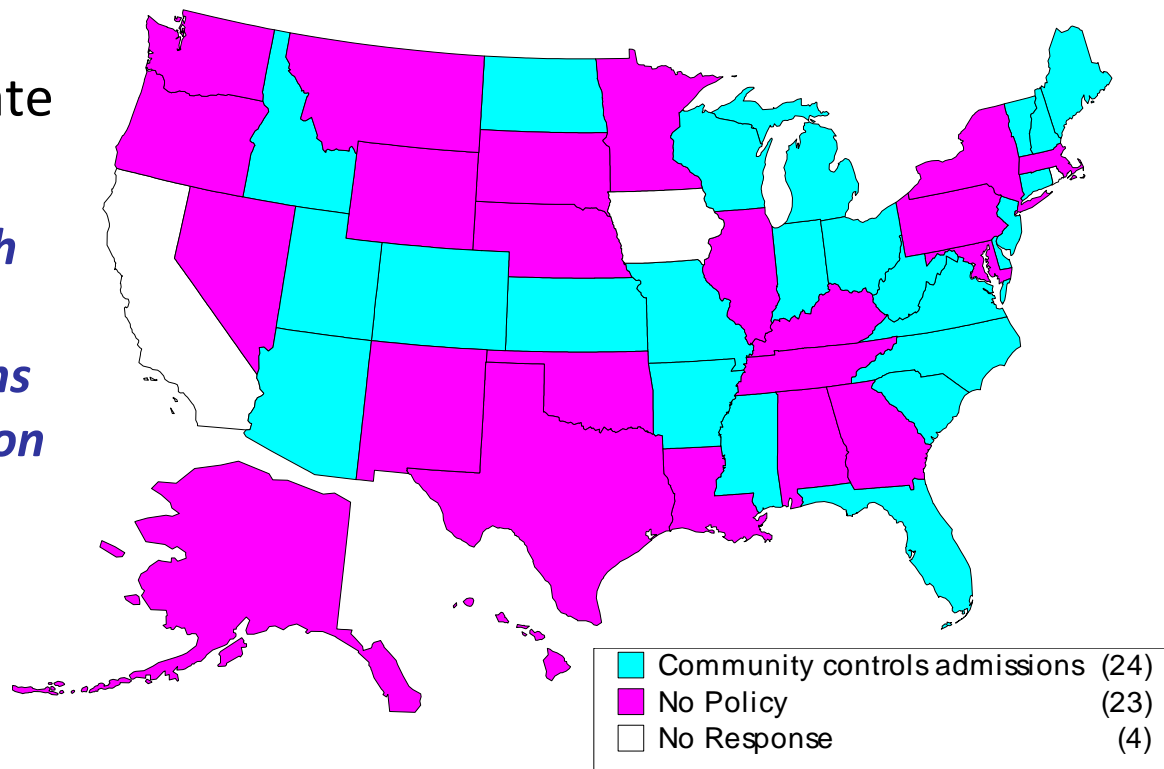
	Number added to Outpatient Commitment		Number Under Outpatient Commitment Last 3 Years		
	FY 2011	FY 2012	FY 2010	FY 2011	FY 2012
Arizona	2227	2249	4939	4595	4304
California	4	15	NA	NA	15
Delaware	144	134	4101	5765	4510
Maine	12	13	5	12	13
Mississippi	210	195	485	420	289
Nebraska	534	689	2230	2564	2949
New York	1313	1247	3143	3131	2958
Oklahoma	69	117	103	112	141
South Dakota	1	9	0	1	9
Utah	1361	1326	1391	1361	1326
Virginia	65	106	87	65	106
Wisconsin	5846	4324	12217	11698	9934

Number of Persons Served in State Psychiatric Hospitals: 2005 to 2013



Controlling Admissions to State Psychiatric Hospitals: 2013

- 24 states have community mental health providers control admissions to state psychiatric hospitals.
 - *Includes Virginia, which requires community mental health programs to provide pre-admission screenings.*
- Forensic commitments have separate court-controlled admissions.



Policies to Require Use of Other Psychiatric Beds for Initial Admissions Before State Psychiatric Hospital: 2013

- Some states require general hospital psychiatric beds and/or private psychiatric hospitals be used as an initial admission site before utilization of state psychiatric hospitals (e.g., state hospitals are reserved for intermediate and long-term care after acute hospitalization locally)
 - 10 states for children
 - 12 states for adolescents
 - 16 states for adults
 - 27 states have no such policy (*includes Virginia, where it is not required, but some providers use general and local hospitals as initial admission sites for psychiatric inpatient treatment before utilizing state hospital facilities*)

State Mental Health Systems were Affected by Recent State Budget Shortfalls

- From FY09 to FY12, SMHAs had total mental health cuts of \$4.35 Billion.

Year	Total
FY 2009 (39 states had MH Cuts out of 44 responding)	\$1,216,020,843
FY 2010 (38 states had MH Cuts out of 45 Responding)	\$1,019,325,136
FY 2011 (36 states had MH Cuts out of 47 responding)	\$1,270,618,291
FY 2012 (31 states had MH Cuts out of 41 Responding)	\$842,236,221

Closing State Psychiatric Hospitals & Hospital Beds: 2009 to 2012

- 12 states closed 15 state psychiatric hospitals
- 29 states closed or implemented plans to close over 4,400 beds
 - Over 9% of state psychiatric hospital bed capacity was closed
 - Acute civil status beds were most likely to be closed. Few forensic beds were closed

Results based on 41 SMHAs Reporting Winter 2011-2012

Number of States Experiencing Shortages of Psychiatric Inpatient Beds: 2013

27 states reported shortages of psychiatric beds in 2013

	State Psychiatric Hospitals	Other Psychiatric Beds (General Hospital and Private Psych Hospitals)
Acute Beds	10	19
Long Term Beds	13	7
Forensics Beds	17	
Other Beds	5	

Virginia reported a shortage of acute care beds in other psychiatric hospital settings.

Impact of Shortages of Psychiatric Inpatient Beds: 2013

- 17 states reported increased waits for state psychiatric hospital beds (*includes Virginia*)
- 15 states reported increased waits for other psychiatric beds (*includes Virginia*)
- 6 states reported overcrowding in state psychiatric hospitals
- 10 states reported increased resistance to closing additional state hospital beds (*includes Virginia*)
- 9 states reported other impacts (increased use of ERs, delays in ER stays, inability to transfer patients closer to home, law enforcement tied up transporting individuals or waiting for beds; *includes Virginia*)

State Responses to Psychiatric Bed Shortages: 2013

- States are implementing a variety of policy initiatives to address psychiatric bed shortages... but, very few states are opening new beds
- States are using telemedicine, increasing crisis response services, expanding use of Assertive Community Treatment, and community-based psychosocial recovery services, expanding residential programs, contracting with local hospitals, implementing initiatives to reduce 30 day re-hospitalization, etc.
- Only four states were expanding hospital beds, and three of those were focusing on forensic beds

Focus on Virginia's State Mental Health System

**Data from NRI's 2013 State Mental Health Profiles and
SAMHSA's 2012 Uniform Reporting System**

Virginia Mental Health Clients Served & Expenditures: 2012

- **FY12 Data on State Mental Health Systems***
 - SMHA expended \$746.6 million (ranked 15th in nation)
 - \$92,48 per person in Virginia (ranked 31st in nation)
 - Served 111,666 persons (ranked 20th)
 - 13.79 persons served per 1,000 population (ranked 41st)
 - Expenditures per mental health client served: \$6,686 (12th in the nation)

** (excludes Substance Abuse only or Intellectual Disability/Developmental Disability only expenditures)*

Virginia State Hospital Mental Health Clients Served & Expenditures: 2012

- **FY12 Data on Virginia State Psychiatric Hospitals**
 - State hospital expenditures: \$329.3 million (6th in nation)
 - Expenditures per capita: \$40.79 per person (12th in nation)
 - 4,736 persons were in Virginia state hospitals during the year (10th in nation)
 - 58.66 per 100,000 population (19th in nation)
 - 1,310 patients in the state hospital at start of the year (bed proxy)
 - 16.2 patients per 100,000 population (17th in nation)
 - Expenditures per mental health state hospital resident (bed proxy): \$251,374 (20th in nation)

Virginia Community Mental Health Clients Served & Expenditures: 2012

- **FY12 Data on Virginia's Community Mental Health System**
(excludes SA/ID/DD)
 - SMHA expended \$395.5 million on community mental health services (19th in nation)
 - \$48.99 per person (37th in nation)
 - Served 110,267 persons in the community (21st in nation)
 - 13.79 persons served per 1,000 population (41st in nation)
 - Expenditures per community mental health client served: \$3,587 (24th in nation)

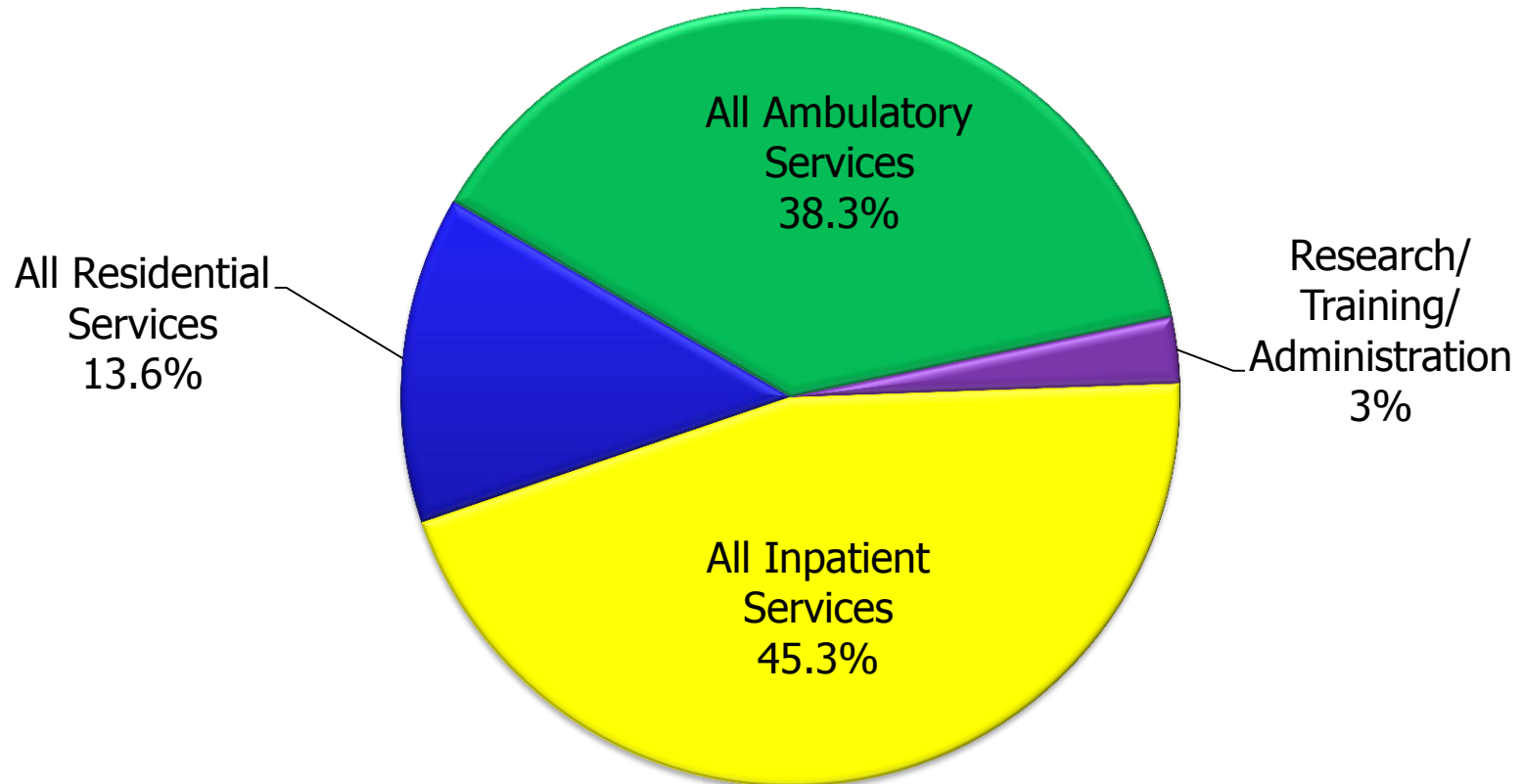
Virginia Fiscal Year 2012

Expenditures for Mental Health

By Program Type	FY'12	Rank	Per Capita*	Rank	National Per Capita*
State Population	8,073,344	12			
State Psychiatric Hospital-Inpatient	\$329,300,000	6	\$40.79	12	\$30.07
Community-Based Mental Health	\$395,500,000	19	\$48.99	37	\$95.30
SMHA-Central Office/Research & Training	\$21,800,000	10	\$2.70	16	\$2.63
Total SMHA-Controlled Mental Health Expenditures	\$746,600,000	15	\$92.48	31	\$128.06

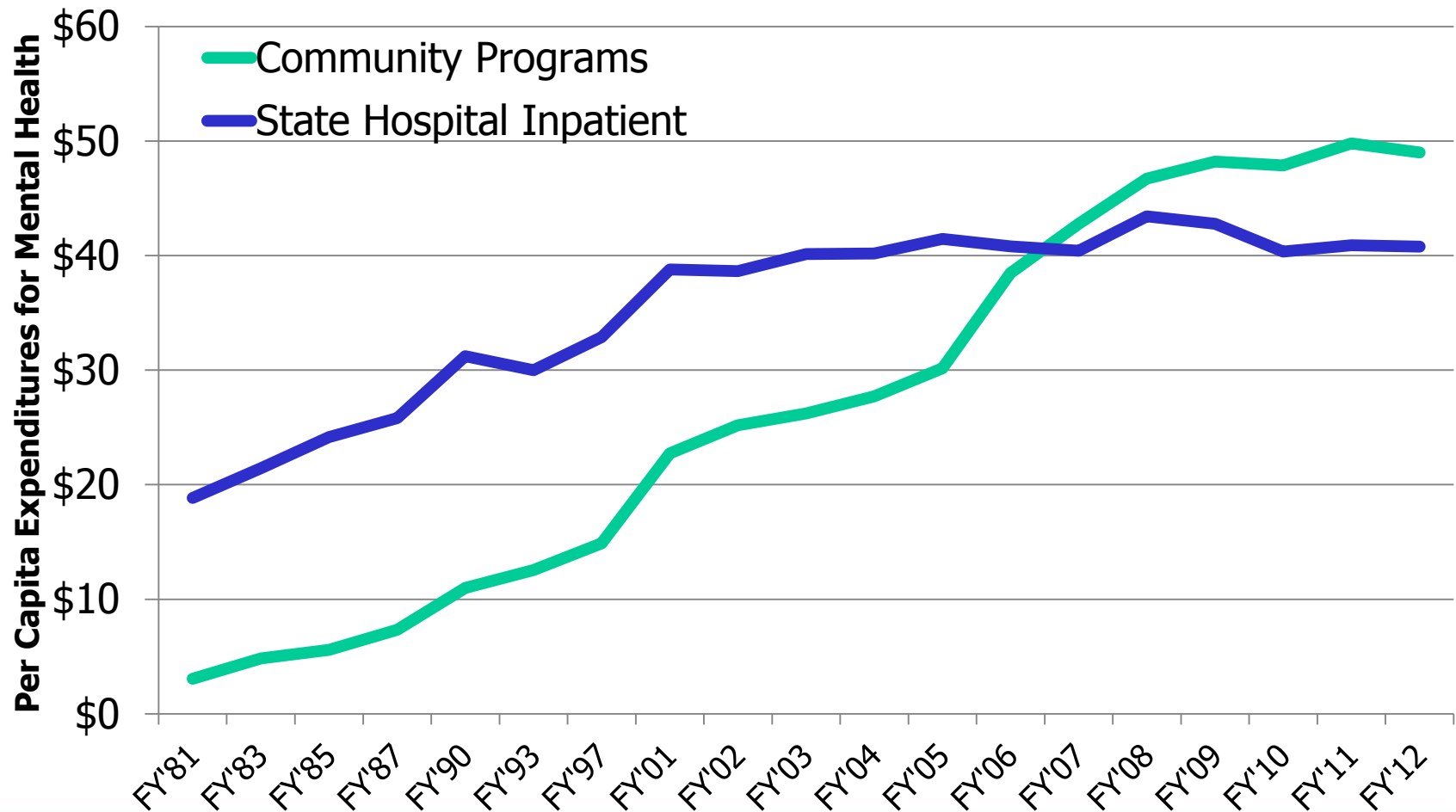
*Per capita numbers are expenditures divided by state population.

Virginia's SMHA-Controlled Expenditures for Mental Health Services by Type of Service in State Mental Hospitals & Community-Based Programs: FY 2012

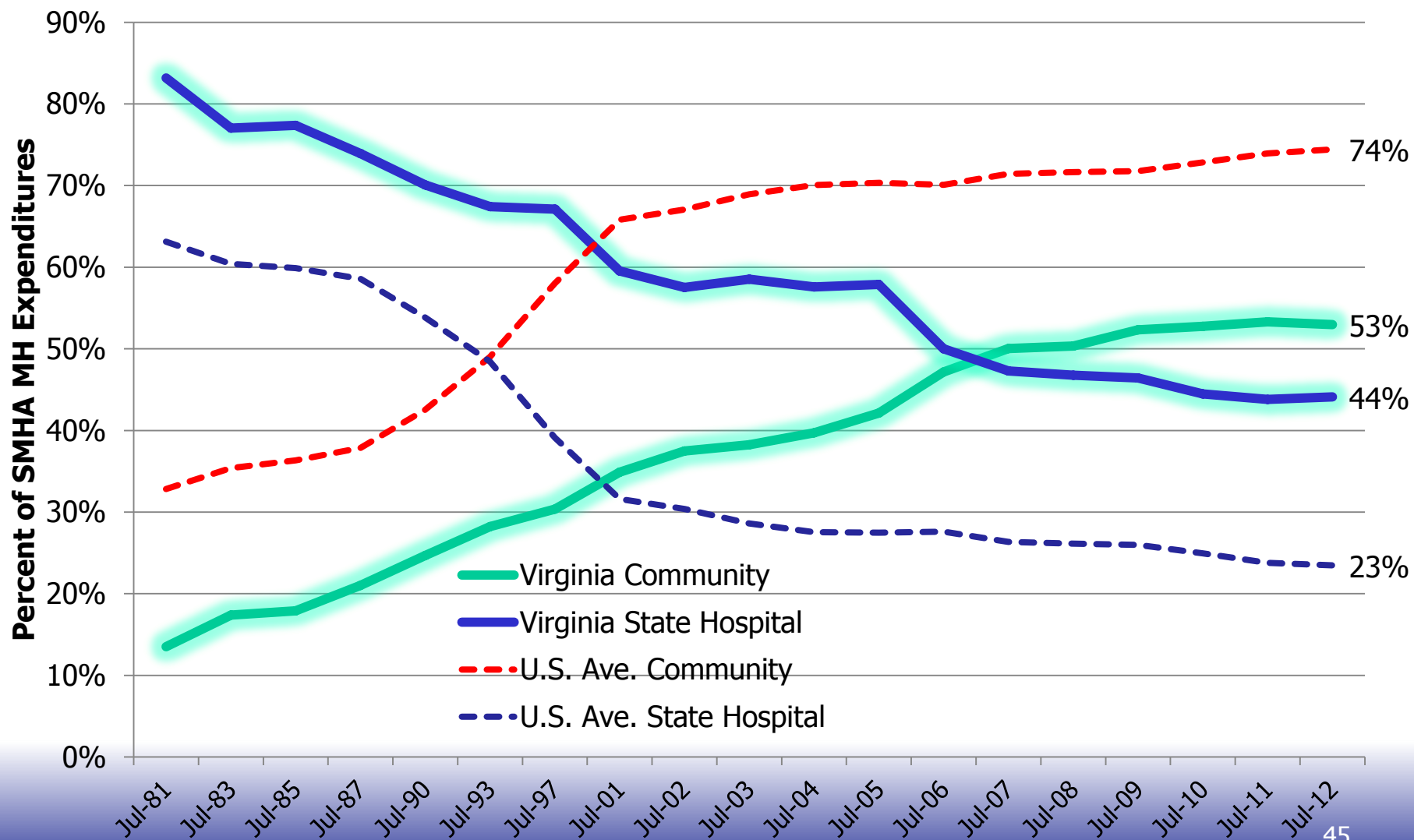


Total FY'2012 Virginia SMHA Expenditures for Mental Health = \$746,600,000

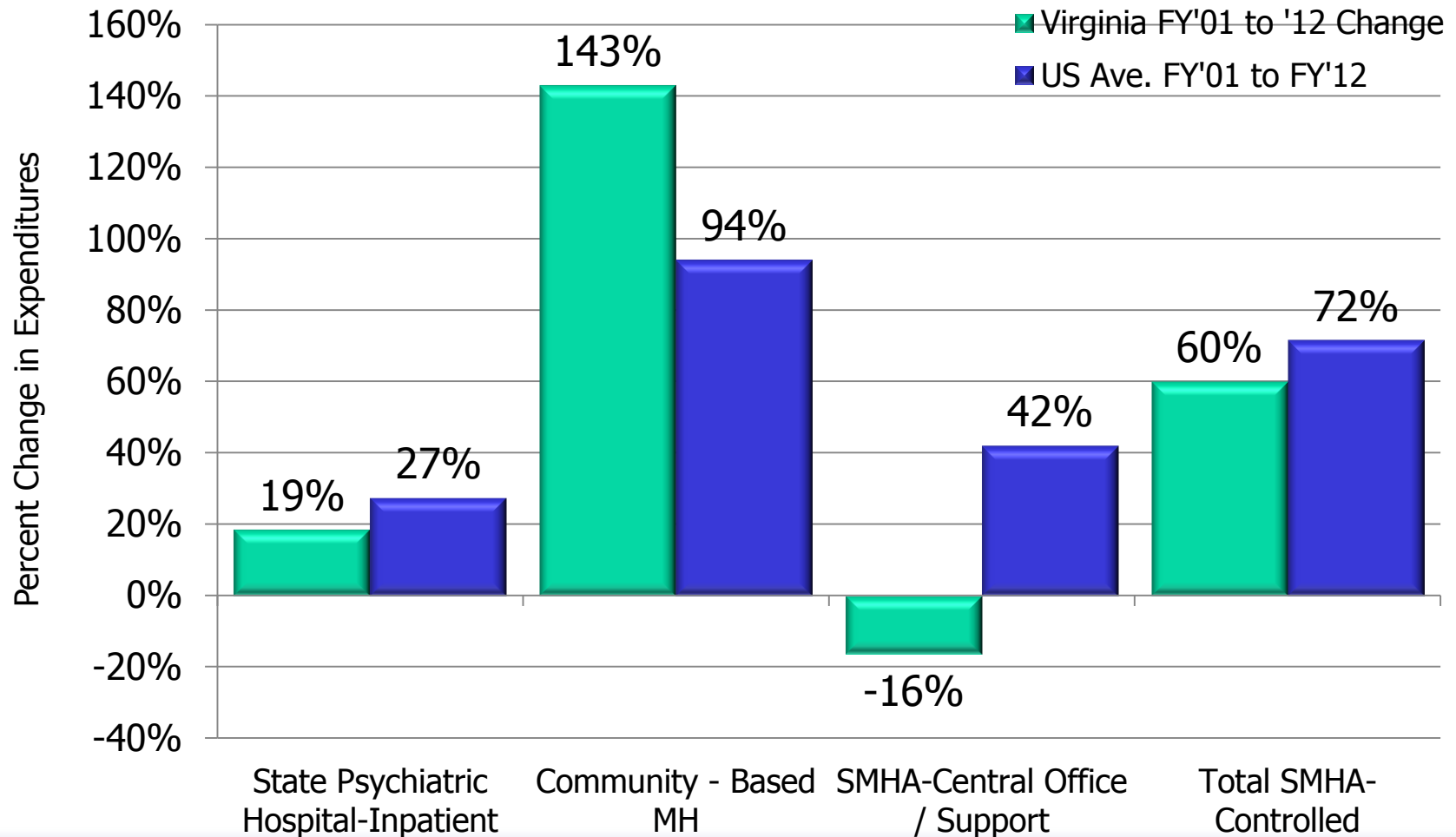
Virginia's SMHA-Controlled Expenditures for Mental Health Services: 1981 to 2012



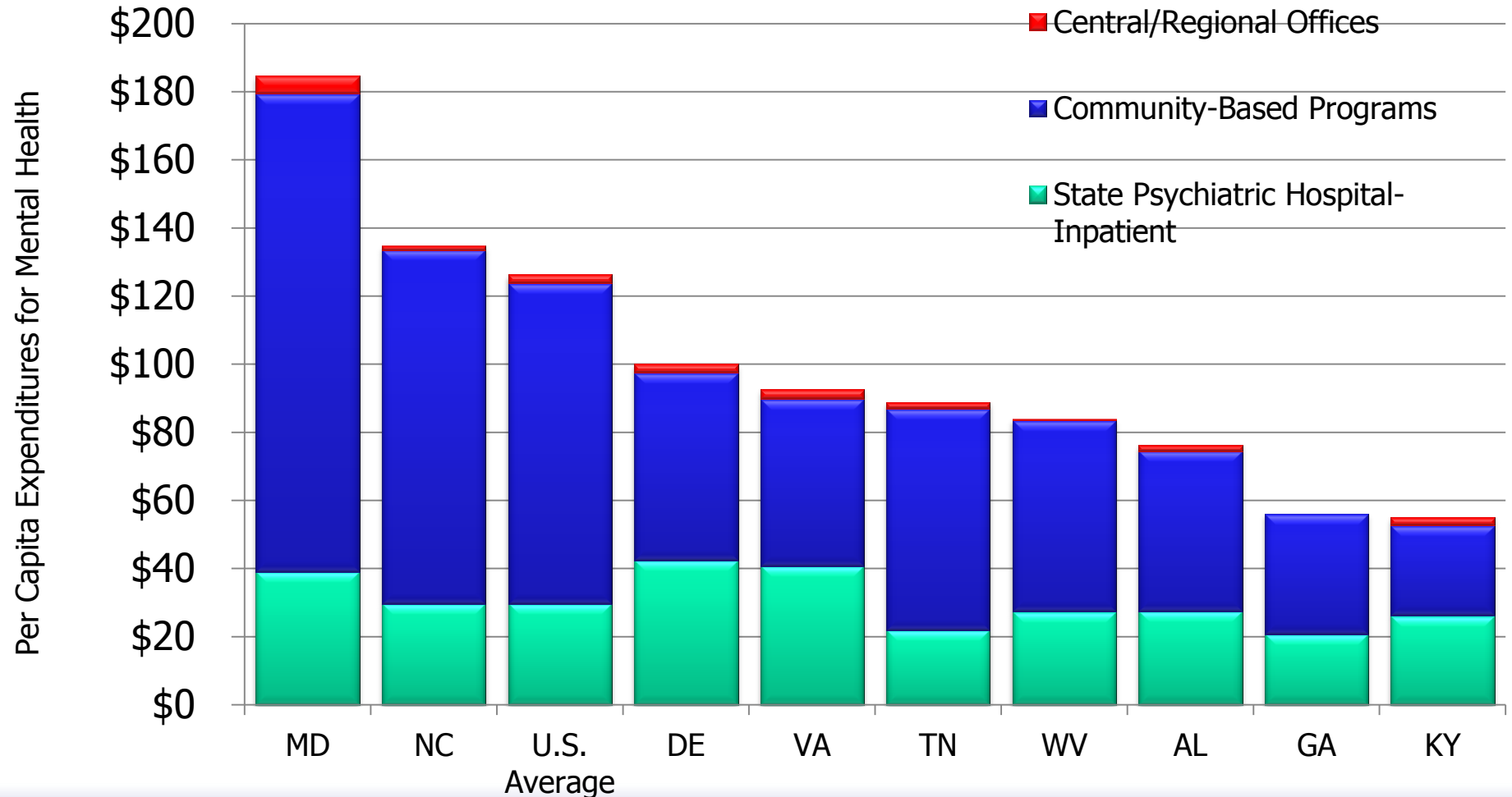
Virginia and U.S. SMHA-Controlled Expenditures for Mental Health – State Hospital & Community Mental Health 1981 to 2012



Change in Virginia Mental Health Expenditures: FY01 to FY12

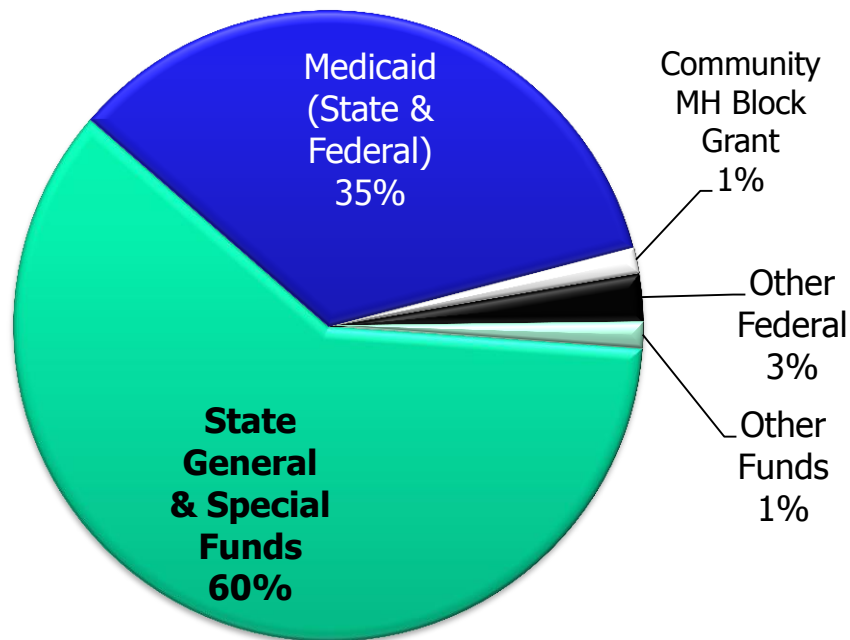


Per Capita FY12 Expenditures for Mental Health in Virginia and Nearby States

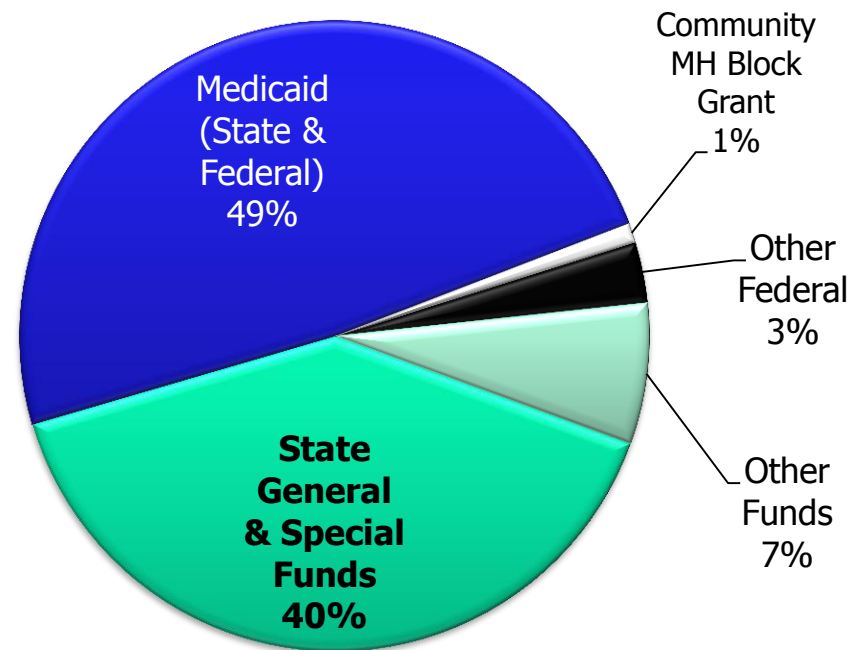


Major Funding Sources of Mental Health Services – Virginia & U.S.: FY12

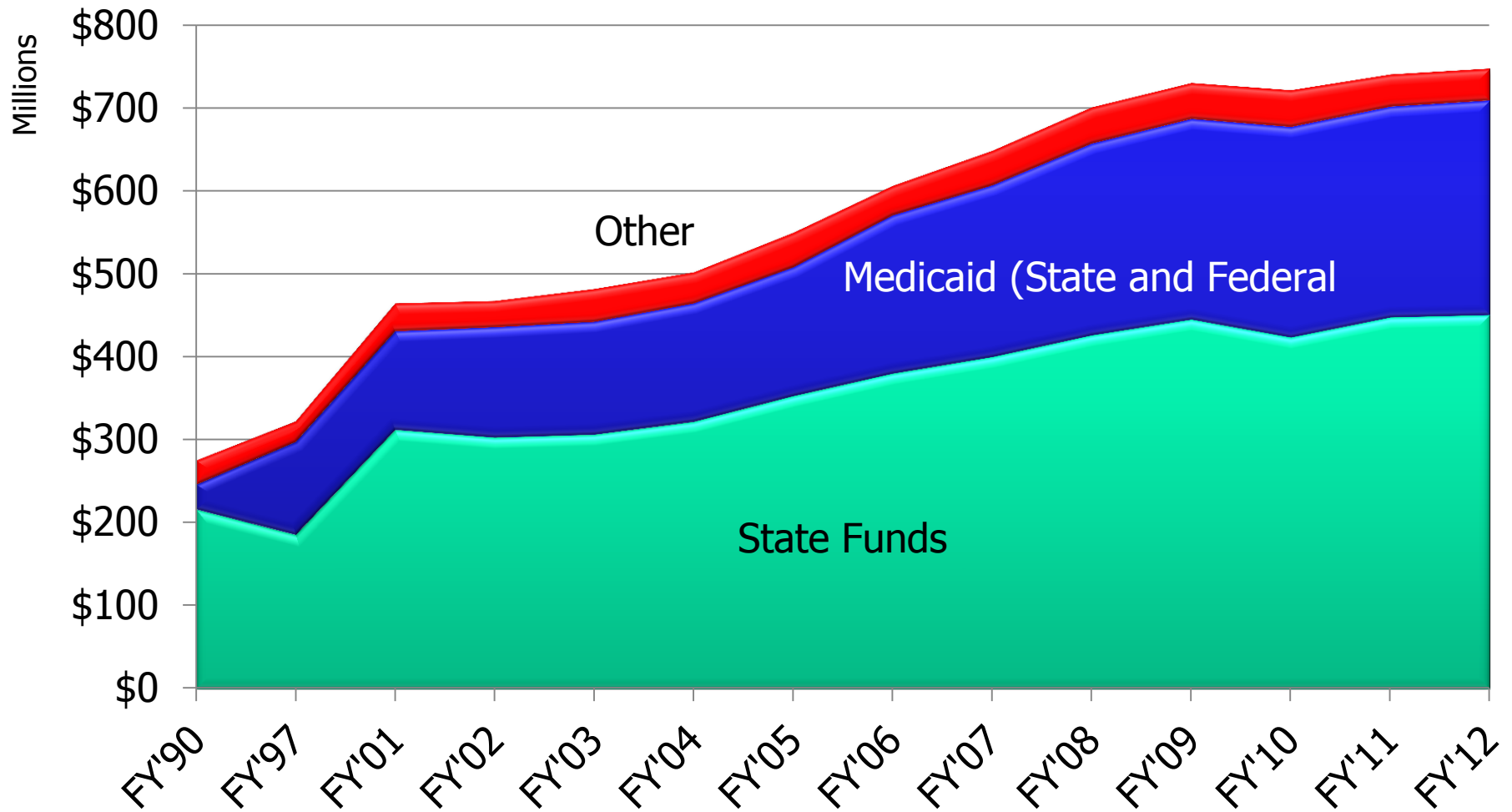
Virginia SMHA MH Funding



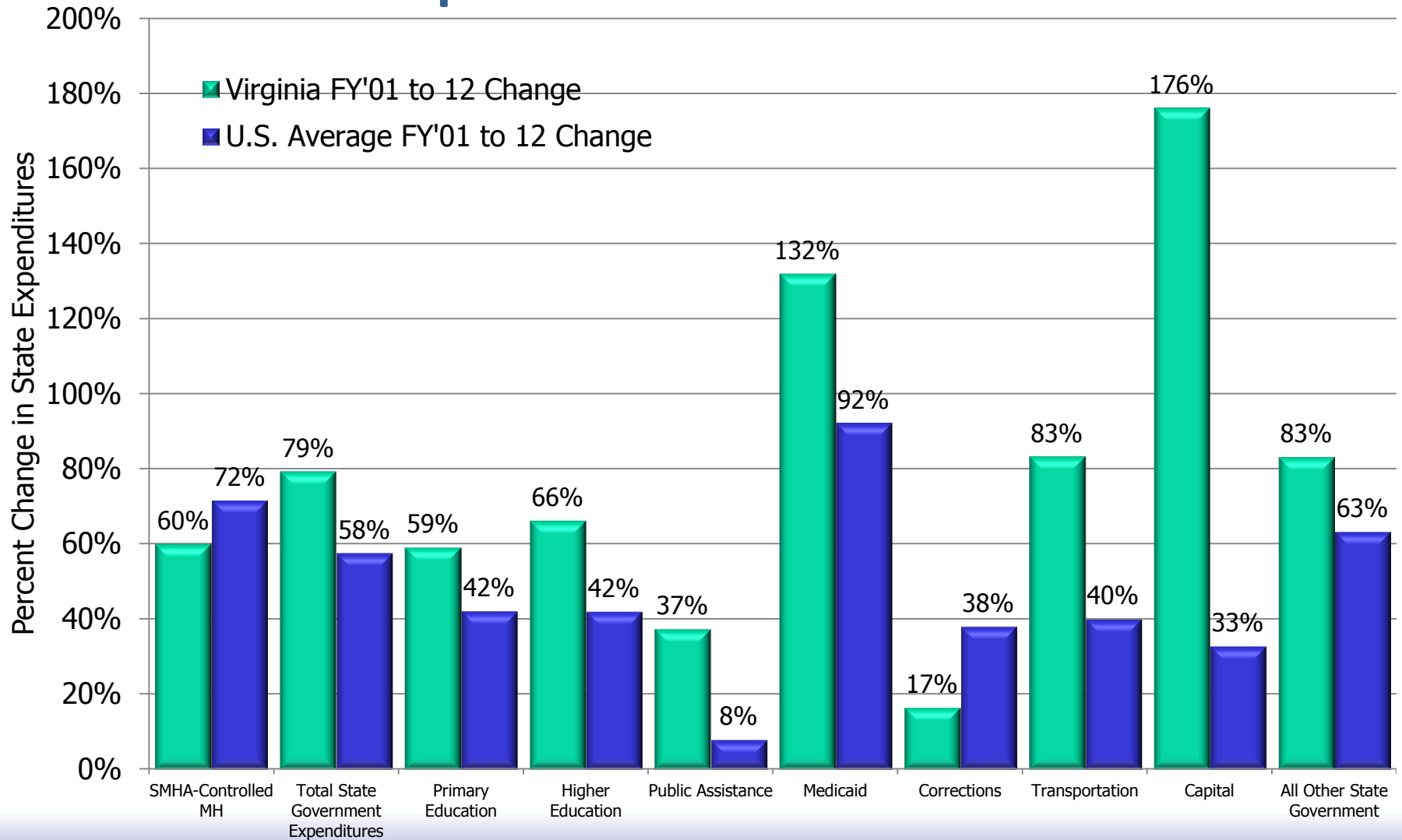
U.S. MH Funding



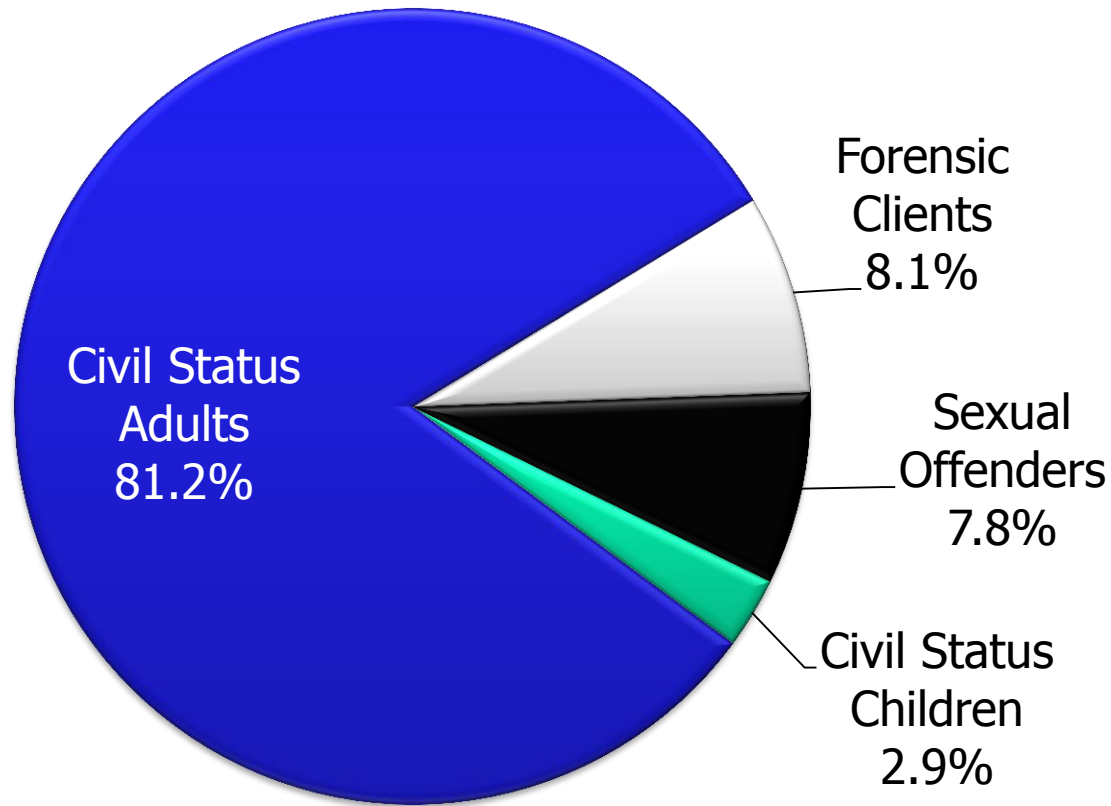
Sources of Funding for Virginia's SMHA: FY90 to FY12



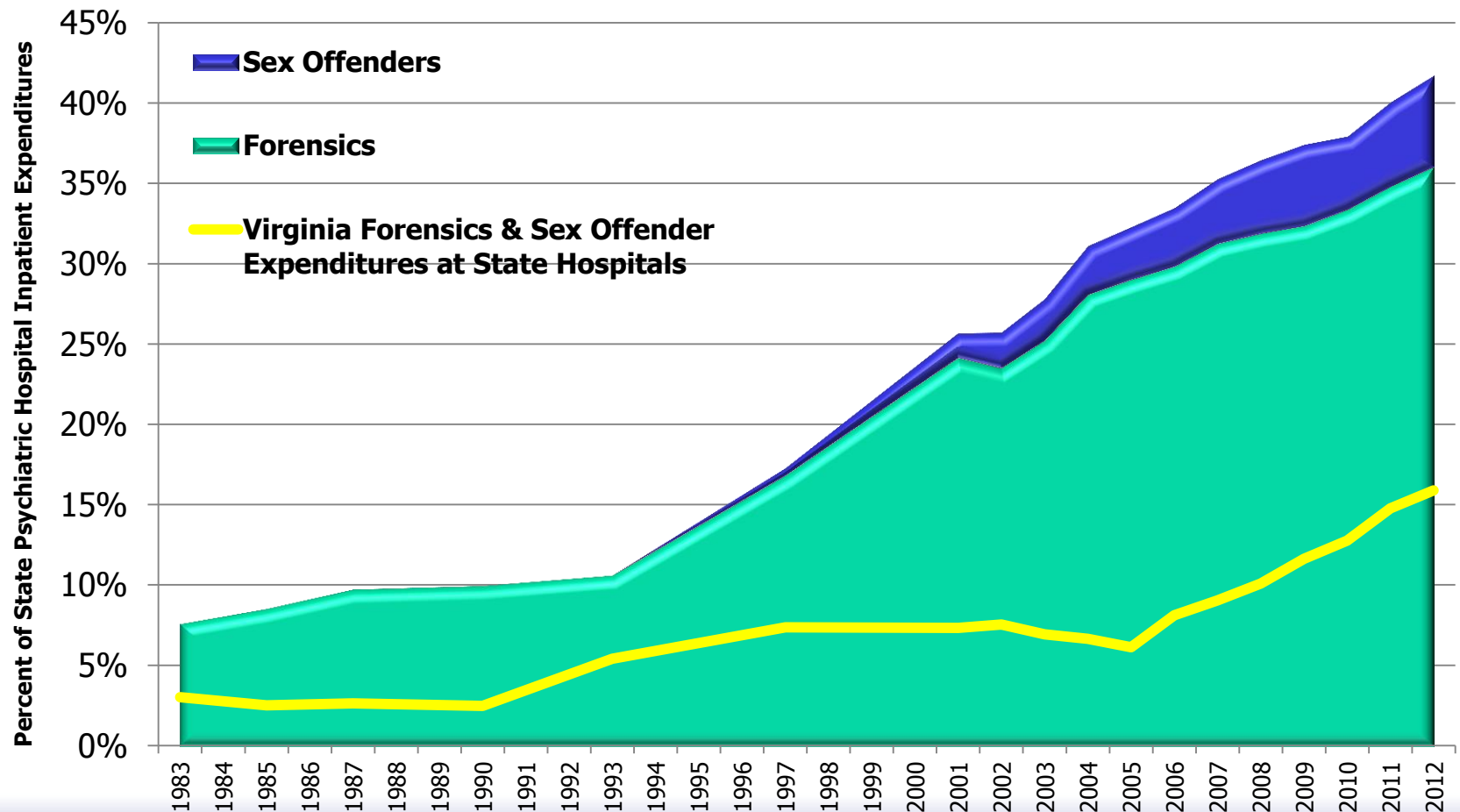
Change in Virginia State Government Expenditures: FY01 to FY12



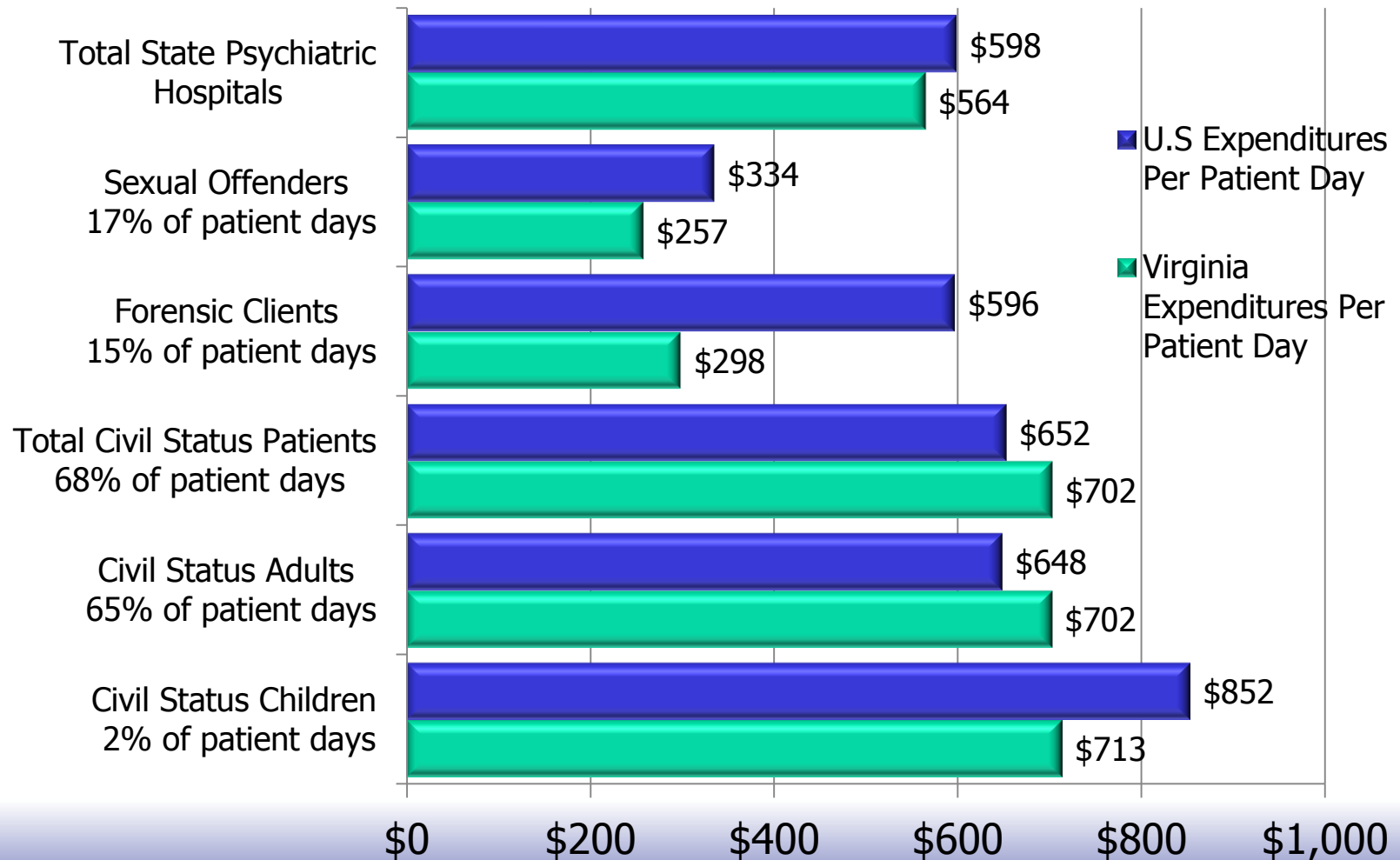
Virginia State Hospital Expenditures for Civil Status, Forensics, & Sex Offenders: FY12



SMHA-Controlled Forensic & Sex Offender Mental Health Expenditures as a Percentage of State Psychiatric Hospital Expenditures: FY83 to FY12



State Psychiatric Hospital Expenditures per Patient Day – Virginia & U.S.: FY 2012



State Hospital Usage: 2012

State	Number of State Hospitals	Residents at Start of Year	Residents per 100,000 Population	Admissions During Year	Admissions per 100,000 Population	% of Residents with Forensic Status
Virginia	10	1,310	16.2	4,330	53.6	31%
Maryland	5	972	16.6	1,051	17.9	65%
North Carolina	3	682	7.1	3,339	34.6	1.3%
West Virginia	2	271	14.6	1,155	62.3	40%
Kentucky	3	465	10.7	9,093	208.8	16%
Tennessee	4	544	8.5	10,185	158.3	13%
Georgia	6	1,076	10.9	7,034	71.4	63%
Alabama	4	865	18.0	2,492	51.8	33%
U.S. Total	195	41,821	13.4	135,106	43.2	36%

States with as Many State Hospitals or State Hospital Beds as Virginia: 2012

State	Number of State Hospitals	Residents at Start of Year	Residents per 100,000 Population	Admissions During Year	Admissions per 100,000 Population	% of Residents with Forensic Status
Virginia	10	1,310	16.2	4,330	53.6	31%
New York	24	4,691	24.0	7,540	38.6	28%
Minnesota*	10	209	3.9	2,005	37.3	2.2%
Texas	11	2,497	9.6	14,452	55.7	43%
California	5	6,016	15.9	3,388	8.9	92%
Florida	7	3,172	16.5	2,876	14.9	58%
Illinois	7	1,156	11.8	9,169	71.4	44%
Pennsylvania	6	1,608	12.6	1,127	8.8	15%
U.S. Total	195	41,821	13.4	135,106	43.2	36%

* Minnesota number includes 7 small (16-bed) short term hospitals

For Additional Information...

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